



APPLICATION REQUEST FOR A HOSPICE PROVIDER



This letter is to assist you in preparing a hospice provider licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application for a hospice provider; or
- Initial application for adding an “ADDITIONAL” hospice provider site; or
- Change of Ownership application package for a hospice provider; or
- All “**other**” changes of a hospice provider

A state license is required to operate as a hospice provider in California, pursuant to Sections 1745(a) and 1747(a) of the Health and Safety (H&S) Code, **UNLESS**:

1. It was established as a hospice before January 1, 1991, pursuant to Section 1747(a) of the H&S Code; or
2. It is a “volunteer hospice”, pursuant to Section 1747(c) of the H&S Code; or
3. It is a small and rural hospice which is exempt from licensure, pursuant to Section 1745(c) and 1747(d) of the H&S Code; or
4. It is a hospice certified in accordance with federal Medicare hospice conditions of participation covered under the licensed home health agency (HHA), pursuant to section 1747.1 of the H&S Code.

NOTE: A “certified” hospice provider needs to be separately licensed as a freestanding hospice provider or separately certified under a licensed HHA as a service (refer to the separate HHA letter on this website).

A hospice is defined as:

Hospice means “a specialized form of multidisciplinary health care which is designated to provide palliative care, alleviate the physical, emotional, social and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and to provide supportive care for the primary care giver and the family of the hospice patient”, pursuant to Section 1746(b) of the H&S Code.

Hospice services required to be provided, pursuant to Section 1749(b) of the H&S Code, shall be provided in compliance with the “**Standards for Quality Hospice Care (SQHC)**,” as available from the **2005 California Hospice and Palliative Care Association (CHAPCA)**, until the state department adopts regulations establishing



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alternative standards, pursuant to Section 1749(c) of the H&S Code, which is located at the following website:

<http://calhospice.org/>

An application is required for: (1) a new (initial) hospice (whether it is a parent or an ADDITIONAL hospice site of a parent), and (2) whenever a CHOW occurs; (3) other changes besides a CHOW.

1. Hospice Provider “CHOW” applications:

A CHOW is the only “change” requiring a new application.

2. Hospice Provider “OTHER” changes (besides a CHOW):

“Other” changes (not CHOWs) do **NOT** require submittal of an entirely “new” application package but will require specific forms depending on the type of change being made, (change of name, mailing address, location, administrator, etc.). The appropriate DO will assist you on which Hospice forms on the checklist that must be submitted for the specific change to the license. A list of DOs and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

For your convenience, the **attached checklist** has instructions to complete the forms required for licensing and certification of a **hospice provider**. The **checklist** provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant’s formal name must be consistently the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form. **All forms are required to be signed by the “licensee”, owners or officers, unless otherwise stated.**

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK. NOTE:** If a question does not apply, please respond with “Not Applicable” or “N.A.”. **Do not make changes to these forms. USE “BLUE” INK TO SIGN ALL FORMS.** Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must **initial and date** the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.



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In addition, a check or money order, made payable to the “**California Department of Public Health**”, for the licensing fee, determined pursuant to Section 1266 of the H&S Code, must accompany the required forms before your application will be processed. The licensing fees change annually; therefore please check the current licensing fee for a hospice which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>

The application fee will NOT be returned if the application is withdrawn or denied.

The application package review process will consider the applicant’s and associates’ (i.e., board members, LLC members, managers, etc.) past compliance history. This will be based on a review of all facilities and agencies operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate, pursuant to Section 1755 of the H&S Code.

Failure to demonstrate substantial compliance history may result in the denial of your application package. You will be notified in writing of L&C’s intent to deny the application.

All completed **hospice provider** application packages **must be submitted** to the local L&C DO. The DO will review the application package for completion. A list of DOs and appropriate contacts are located on the L&C website listed above.

Choice of Fiscal Intermediary.

The fiscal intermediaries are available from the Federal Department of Health and Human Services at the following website:

www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

To apply for National Provider Identifier (NPI), go to the following website:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

Please NOTE the following:

1. There are some differences between documents required for a CHOW, and “initial” applications that are noted on the attached **checklist**.
2. An initial **licensing survey** is part of the application process for “new” hospice provider applications.
3. The initial **licensing survey** is a scheduled survey conducted by L&C DOs.



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4. **Certification:**

Certification status will allow the hospice provider to provide services to **Medicare beneficiaries** (under Title 18). Once the hospice has become **Medicare** certified, they may also provide services to **Medi-Cal beneficiaries** (Title 19), if requested. The hospice provider is **required** to be licensed prior to seeking **certification status**.

Many applicants, including hospice, have the option of becoming **certified** on the basis of accreditation by the Centers for Medicare & Medicaid Services' (CMS) approved accreditation organizations (listed below) instead of a survey by L&C.

- Joint Commission (JC)
630-792-5000, (www.jointcommission.org)
- Community Health Accreditation Programs (CHAP)
800-656-9656, (www.chapinc.org)
- Accreditation Commission for Health Care, Inc. (ACHC)
919-785-1214 (www.achc.org)

Once approved by the accreditation organization, submit the approval letter from the accreditation organization to the appropriate DO. Since the Medicare certification forms listed on the attached **checklist** are submitted with your "initial" application package, if there are any changes to the forms, the DO will request amended forms after they receive the approval letter from the accreditation organization.

If you **DO NOT** choose to go through one of these accreditation organizations it will be several **YEARS** before L&C will be able to perform a certification survey since "initial" certification surveys for hospices have been categorized as a **LOW priority**. However, if you still want the L&C DO to consider conducting the "initial" certification survey, you will need to submit justification to the DO for CMS approval. The burden will be on the hospice to provide data and other evidence that effectively establishes the probability of serious, adverse beneficiary health care access consequences if the hospice is **NOT** enrolled to participate in Medicare.

5. In addition you must be in compliance with state licensing laws and federal conditions of participation. CMS is located on the following website:

www.cms.hhs.gov

It is the applicant's responsibility to obtain the Code of Federal Regulations and to understand the hospice provider Conditions of Participation, which are located on the following website:



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http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr418_04.html

The DO will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY UPON NOTIFICATION. It is L&C's policy that, except for very unusual circumstances, only one inspection visit will be made. Failure of the hospice provider to be in substantial compliance, at the time of the visit, will result in the "denial" of the application. Any further activity regarding your request, after such denial, will require a new application, and license fee.

PLEASE NOTE: A license will not be issued until the application is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact your local DO administrator located on the L&C website listed on page two.



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Form Number	Item Number on Form	APPLICANT CHECKLIST For a HOSPICE PROVIDER	Check List	
			LICENSING and/or Certification	ADDITIONAL Sites

The following is a quick reference of **SOME** of the questions found on the required forms. It includes the form number, name of form, and an explanation of **SPECIFIC** requirements and/or attachments needed for specific forms. This is **NOT** an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.

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ADDITIONAL Hospice SITES	Adding ADDITIONAL Hospice SITES (Multiple Locations) to the HOSPICE PROVIDER LICENSE			
	1	Means a location or ADDITIONAL hospice site from which a hospice makes available basic hospice services within the service area of the PARENT hospice. [H&S Code, Section 1746(k)]	N/A	FYI
	2	ADDITIONAL hospice sites shares administration, supervision, policies and procedures, and SERVICES with the PARENT hospice in a manner that renders it unnecessary for the site to independently meet the licensing requirements. [H&S Code, Section 1746(k)]	N/A	FYI
	3	ADDITIONAL hospice sites are required to SUBMIT separate application packages consisting of the forms listed BELOW.	N/A	FYI

HS 200	Licensing & Certification Application [H&S Code, Section 1748(b) & 1749(a)(3)]			
	NOTE: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following:			
	A.3.	Amount of Fee Enclosed. A fee is also required for ADDITIONAL hospice sites. [H&S Code, Section 1748(a)]		
	A.4.c.	Change of Location. A licensed hospice and a separately licensed HHA cannot share the same space but CAN be in the same building with a different address, phone number, staff, etc.	Handled by the DO	
	A.8.	Bed capacity. Bed capacity does NOT apply to hospices.	N/A	N/A
	A.9.	Age range of clients. Age range needed especially for pediatric hospice.		
	A.10.	Days and hours of operation.		
	A.11.	Construction. This does NOT apply to hospices since there are no patients in the building.	N/A	N/A
	B.1.	Licensee's name. The licensee's formal organization name must be consistent throughout all documents.		
	B.3.	Owner type. SUBMIT an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: • Applicant's owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners.		

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		<ul style="list-style-type: none"> • PARENT company of applicant, if applicable, and all the licensed agencies/facilities they are operating – See B.6. below. 		
	B.5.a.	Licensee's "other" Facility Involvement. Answer all aspects of the question.		
	B.5.b.	Revocation, suspension, etc. action. If applicable to the licensee, SUBMIT the information requested.		
	B.6.	Subsidiary (PARENT company) information. If there is a "subsidiary" (PARENT company) SUBMIT : <ul style="list-style-type: none"> • An organization chart with the PARENT company name. • A listing of all owners (of the PARENT company) and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners of the PARENT company. • A listing of all facilities the PARENT company is operating. 		
	C.1.a.	Management Company. This question does not apply to hospices.	N/A	N/A
	C.1.b.	"Interim" Management Agreement. NOTE if CHOW: If there is an "interim" Management Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of Agreement.		
	C.2.	Name of "proposed" and "current" agency. Enter both hospice names if this is a CHOW. The applicant may insert the corporate name if there is NO hospice name.		
	C.3.	Address of "proposed" facility, agency or clinic. <ul style="list-style-type: none"> • List the address of the PARENT hospice first. • The ADDITIONAL hospice site addresses must be listed after the PARENT address. They do NOT need a separate license. [H&S Code, Section 1748(a)] • A "licensed" HHA and a "licensed" freestanding hospice CANNOT be located at the same office. • A "licensed & certified" HHA and a "certified-only" hospice program CAN be located in the same office. 	N/A	
	C.6.a.	Name of Administrator and date of hire. An administrator shall have supervisory or administrative experience in hospice or related health care fields or education in healthcare or administration that meet the requirements of the position. [Standards for Qualify Hospice Care (SQHC) Section 5.1, Administration]		N/A
	C.6.b.	Director of Nursing and date of hire. <ul style="list-style-type: none"> • SUBMIT their RESUME. SQHC, Section 5.3, Director of Patient Care Services		
	C.7.	Ownership. <ul style="list-style-type: none"> • List all individuals having 5% or more ownership, unless "nonprofit". 		



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	C.8.	Item C.8. Financial Resources. The "specific" question on the HS 200 form does NOT apply to hospices (only skilled nursing and intermediate care facilities).		N/A	N/A
	C.9. & 10.	Over-concentration and Program Plan do NOT apply to hospices.		N/A	N/A
	D.1. & 2.	Property ownership. SUBMIT a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.			
	E.1. & Attachment E-1	Management Company Information. Attachment E-1 does not apply to a hospice.		N/A	N/A
	F.1.	Signature. [H&S Code, Section 1749(a)(3)] Original "signature" is required and MUST be signed by the APPLICANT (not the Administrator unless the owner is the Administrator).			
HS 215A	Applicant Individual Information [H&S Code, Sections 1748(b), 1749(a)(1), and 1755(a)] NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following individuals with ORIGINAL signatures SUBMIT the HS 215A form plus any other required documents (which will be listed below) for the following individuals:				
	APPLICANT Organization				
		HS 215A form for each individual having a beneficial interest of 5% or more in the APPLICANT organization (list their ownership percentages).		N/A	
		HS 215A form for directors, board members, corporate officers, LLC Members/Managers, and partners of the APPLICANT organization.		N/A	
	PARENT Company				
		HS 215A form for each individual having a beneficial interest of 5% or more in the PARENT company (list their ownership percentages).		N/A	
		HS 215A form for directors, board members, corporate officers, LLC Members/Managers, and partners of the applicant organization, and PARENT company.		N/A	
	MANAGEMENT Company				
		HS 215A form for each individual having a beneficial interest of 5% or more in the MANAGEMENT company (list their ownership percentages).		N/A	
		HS 215A form for directors, board members, corporate officers, LLC Members/Managers, and partners of the applicant organization, and MANAGEMENT company.		N/A	
	ADMINISTRATOR and Designee of the Facility				
		"RESUME" for the Administrator. DO to Compare with qualifications contained in SQHC Section 5.1, Administration		N/A	
		Copy of Governing Body signed written statement verifying their appointment.		N/A	

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		DIRECTOR OF PATIENT CARE SERVICES (DPCS) and Designee		
		DPCS and Designee's "RESUME".		N/A
		Copy of DPCS and Designee's professional license.		N/A
	Section D	Employment/Business Summary. A resume or attachment will be acceptable in lieu of Section "D".		N/A
	Signature	Signature. Original "signature" is required on all the HS 215A forms.		N/A
	Facility Information Sheet	If applicable, each individual must complete and SUBMIT the "Facility Information Sheet" for each facility and/or hospice with which they have a <u>current</u> or <u>past</u> relationship within the last 3 years. The following <u>MUST</u> be completed for each facility and/or hospice: <ul style="list-style-type: none"> • Facility name and address • Type of facility • Type of business entity (include EIN #) • Individual's <u>nature</u> and dates of involvement • This Sheet must also include any facilities licensed by the California Department of Social Services. 		N/A
HS 309 1 st page	Administrative Organization			
	2.	This form is N/A for sole proprietor.		N/A
		Administrator of Corporation or LLC – this name is usually the CEO/President.		
	3-7	Corporations need to SUBMIT: <ul style="list-style-type: none"> • Copy of Filing Statement from CA Secretary of State (only required if Articles of Incorporation are NOT endorsed by the CA Secretary of State). • Copy of "all" Articles of Incorporation (endorsed by CA Secretary of State). • Copy of By-Laws. 	Limited Liability Companies (LLC) need to SUBMIT: <ul style="list-style-type: none"> • Copy of Filing Statement from CA Secretary of State (only required if Articles of Organization are NOT endorsed by the CA Secretary of State). • Copy of Articles of Organization (endorsed by CA Secretary of State). • Copy of Operating Agreement. 	N/A
	9.	Governing Board of Directors. <ul style="list-style-type: none"> • Enter the number of board members or LLC members/holders. • SUBMIT a list of the board of directors or the LLC members/holders. 		N/A
	10.	Board Officers. Enter the names of the board officers or the LLC officers/managers.		N/A
HS 309 2 nd page	Organizational Structure			
	1.	California Out-of-State Corporations, LLC, etc. SUBMIT a copy of the Certificate of Qualification from the CA Sec. of State.		N/A

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	3. & 4.	Public Agency. SUBMIT a copy of the "signed" Resolution.			N/A		
	5.	Corporations, LLCs and Partnerships need to complete Item 5. N/A for nonprofit.			N/A		
	Bottom of page	Partnerships need to SUBMIT: • Copy of the Partnership Agreement.			N/A		
		• Copy of the California Secretary of State filing, if applicable.			N/A		
HOSPICE SERVICES	Hospice SERVICES						
		Must provide, or make provisions for the basic services listed below: (H&S Code, Sections 1749(b)(1) through (b)(7) and SQHC, Section 2.1. Services Provided)		DO to review these.			
		All services provided by the ADDITIONAL hospice sites and PARENT hospice are the responsibility of the PARENT hospice. [H&S Code, Section 1746(n)]					
		Services for ADDITIONAL Sites HAVE to be the same as their PARENT . [H&S Code, Section 1746(k)]					
		(1) Skilled nursing services.					
		(2) Social services/counseling services.					
		(3) Medical direction.					
		(4) Bereavement services.					
		(5) Volunteer services.					
		(6) Inpatient care arrangements.					
		(7) Home health aide services.					
CMS-417	Hospice Request for Certification in the Medicare Program						
		• If this freestanding HOSPICE is <u>LICENSED "only"</u> , the only reason this form is being requested is for the listing of the types of services.			N/A		
		• Complete this form as indicated.			N/A		
Geographic Areas	Geographic Areas of HOSPICE						
		• SUBMIT a list of geographical areas (including cities, counties & zip codes) to be served. This is required because a provider of Hospice services cannot serve " ALL " of California.			N/A		
		• So we may verify, the service area documented on <u>page 23</u> of the CMS-855 application must be SUBMITTED .			N/A		
		• Hospices MUST obtain prior approval of an <u>expansion</u> of their geographic service area from CMS, and the L&C Program.			N/A		
		• SUBMIT web-based map reflecting the distance between the PARENT and the ADDITIONAL hospice site, if this is an ADDITIONAL hospice site.		N/A			
		• ADDITIONAL hospice sites CANNOT establish a new ADDITIONAL site outside of the hospice's approved geographic service area.		N/A			



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CHOW	Change of Ownership (CHOW)						
		SUBMIT all of the forms required for an "initial" application, listed above plus a letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee. (SQHC, Section 6.3, B, 3. g.)			N/A		
		Copy of "Purchase Agreement" or "Operating Transfer Agreement".			N/A		
<p align="center"><u>MEDI-CAL CERTIFICATION</u></p> <p align="center">HOSPICE</p> <p align="center">A "certified" HOSPICE has to be separately <u>licensed</u> as a HOSPICE. The following forms and information are required for MEDI-CAL certification:</p>							
HOSPICE MEDI-CAL CERTIFICATION	MEDI-CAL Certification of a Hospice						
		If you answered "YES" on Item A.7. of the HS 200 form (Do You Wish to Apply for the Medi-Cal Program?) and your hospice wants to provide services to MEDI-CAL beneficiaries (under Title 19) SUBMIT the following forms with your "initial" application package.		FYI	FYI		
		Once the hospice has become certified for MEDICARE, they may provide services to MEDI-CAL beneficiaries, if requested.					
		The hospice is required to be licensed prior to seeking certification status.					
HS 328	Notice – Effective Date of Provider Agreement						
		If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.			N/A		
DHCS 9098	Medi-Cal Provider Agreement						
		• Do not leave any questions blank. Enter N/A or "same" if not applicable.			N/A		
		• The "mailing address" must be the same as reported on the HS 200 form, page 3, Item 4.			N/A		
		• Signature page must be "notarized".			N/A		
		• SUBMIT the "Acknowledgement" page from the Notary Public, if applicable.			N/A		
CMS-417	Hospice Request for Certification in the Medicare Program						
		• If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.		FYI	N/A		
		• If this HOSPICE is being certified for MEDI-CAL "only" , the only reason this form is being requested is for the listing of the types of services.		FYI	N/A		
		• Complete this form as indicated.			N/A		



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<u>MEDICARE CERTIFICATION</u> HOSPICE A “certified” HOSPICE has to be separately <u>licensed</u> as a HOSPICE. The following and information are required for MEDICARE certification:				
HS 328	Notice – Effective Date of Provider Agreement			
		If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.	FYI	N/A
CMS-417	Hospice Request for Certification in the Medicare Program (H&S Code, Section 1749.5)			
		• If applying for BOTH Medi-Cal and Medicare certification, only need one copy of this form.	FYI	N/A
		• Complete this form as indicated.		N/A
CMS-643	Hospice Survey and Deficiencies Report			
		Complete the top of the 1 st page. The remainder will be completed during the survey.		
CMS 855A	Medicare General Enrollment Health Care Provider/Supplier Application			
		• This application is from the Federal Department of Health and Human Services.		
		• This application is required for “initial” and “CHOW” applications.		
		• The completed application should be mailed directly to the appropriate FISCAL INTERMEDIARY.		
		ADDITIONAL HOSPICE Sites:		
		• This application is from the Federal Department of Health and Human Services.		
		• The completed application should be mailed directly to the appropriate FISCAL INTERMEDIARY.		
		• The addition of an ADDITIONAL HOSPICE Sites must have prior approval from Centers for Medicare and Medicaid Services (CMS) for Certification of a hospice.		
		• CMS will determine if the Conditions of Participation continue to be met with the addition of the new ADDITIONAL HOSPICE Site.		
CMS 1561	Health Insurance Benefit Agreement			
		• SUBMIT two (2) signed copies with “original” signatures.		
		• Initial Application: Sign the top signature block entitled “Accepted for the Provider of Services By.”		
		• CHOW: Sign the bottom signature block entitled “Accepted For The Successor Provider of Services By.”		



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OMB No. 0990-0243	Civil Rights Information Request for Medicare Certification				
		• Complete and "sign" form (original signature).			
		• SUBMIT all of the documents required on <u>Part 11</u> of this OMB form. All of these documents need to be "identified" by the corresponding number on the OMB form. The first document required is the HHS 690 form below.			
		• These items will be reviewed and approved by OCR.			
HHS 690	Assurance of Compliance [42 CFR, Section 489.10(b)]				
		SUBMIT 1 copy. This HHS 690 form is the first document required to be submitted on the above OMB No. 0990-0243 form.			